

# **INTENSIVE FAMILY PRESERVATION SERVICES**

**and**

# **FAMILY PRESERVATION SERVICES**

## **ANNUAL EVALUATION REPORT**

July 1, 2002 – June 30, 2003

*April 2005*

**State of Washington  
Department of Social and Health Services  
Children's Administration Practice Improvement Division  
Office of Children's Administration Research  
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## **ACKNOWLEDGEMENTS**

Intensive Family Preservation and Family Preservation Services programs were designed to keep children safe and help preserve families by providing crisis intervention, education, assistance in connecting to community support systems, and skill development for managing risk factors. Contracted service providers and Children's Administration staff strive to give families alternatives to having their children placed outside of the home and to ensure safe reunification for children returning from placement. Past IFPS/FPS evaluations have provided information toward meeting these objectives as well as opportunities to document family preservation efforts.

Children's Administration, in partnership with local communities and contracted service providers, continues to seek ways to assist families and keep one of the most vulnerable populations, our children, safe and free to thrive. We acknowledge the efforts as well as the recording of those efforts by the many social workers and contracted service providers who work with these struggling families. The data gathered may hold a key to better understanding and improvement of family and child well being. We also thank the caregivers and family members who participate with these specialized services, attempting to improve their family circumstances *together with their children*, when possible.

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# INTENSIVE FAMILY PRESERVATION SERVICES (IFPS) FAMILY PRESERVATION SERVICES (FPS) 2003 ANNUAL EVALUATION REPORT

## EXECUTIVE SUMMARY

For nearly ten years, since the Washington State Legislature passed a bill in 1995 authorizing family preservation services, Children's Administration has administered Intensive Family Preservation Services (IFPS) and Family Preservation Services (FPS). Over the years, many people have worked to alleviate the abuse and neglect of children and understand the challenges faced by some of our state's families. Division of Child and Family Services (DCFS) staff have worked cooperatively with contracted service specialists and community members throughout the state to increase child safety and improve family functioning for service recipients. Since IFPS/FPS placement and re-referral outcomes are based on the service exit date, this report contains data collected for services that ended between July 1, 2002 and June 30, 2003.

Program outcome indicators include placement prevention, successful reunification, prevention of new referrals, client satisfaction, caregiver and familial/socioeconomic risk reduction, and increased connections to community resources and supports. We are pleased to report the primary program objectives and outcomes were met again during this evaluation period.

WASHINGTON'S FAMILY PRESERVATION SERVICES OUTCOMES services ending July 1, 2002 through June 30, 2003					
I F P S					F P S
83%	Percentage of Children for Whom Placement did not Occur			*	
57%	Percentage of Children Successfully Reunited with Their Families			*	
57%	Percentage of Caregivers and Children for Whom New CPS/FRS Referrals Were Avoided			60%	
71%	Percentages of Families Reporting Identified Goals had been Met			69%	
99%	Percentage of Families at Risk due to Caregiver Parenting Skills (when referred for services)			98%	
	65%	Percentage of Families with Reduction in Risk for Parenting Skills	62%		
99%	Percentage of Families at Risk due to Stress (when referred for services)			99%	
	63%	Percentage of Families with Reduction in Risk due to Stress	65%		
90%	Percentage of Families Connected to Medical Services (the most identified formal support service)			87%	
90%	Percentage of Families Connected to Health Insurance (the most identified concrete goods/services)			84%	
88%	Percentage of Families Connected to a Support Person for Parent (the most identified informal community support service for IFPS families)			84%	
85%	Percentage of Families Connected to a Support Person for Child(ren) (the most identified informal community support service for FPS families)			86%	

\* Not a measured outcome for this program

The data collection methods, outcome indicators, and risk and service measurements remain the same since the last annual report. As for the 2001-2002 IFPS/FPS Evaluation, Children's Administration again made efforts to ensure receipt of complete data for all families served. By performing a cross-match with an independent payment record dataset, the Office of Children's Administration Research (OCAR) included an additional 189 IFPS/FPS Service Exit Summaries for this evaluation period.

WASHINGTON'S FAMILY PRESERVATION SERVICES AT A GLANCE services ending July 1, 2002 through June 30, 2003		
IFPS		FPS
827	Number of Children Served*	2216
72%	Percentage of Children Referred by Child Protective Services (CPS)	59%
19%	Percentage of Children Referred by Child Welfare Services (CWS)	31%
9%	Percentage of Children Referred by Family Reconciliation Services (FRS)	10%
8.27	Average Age of Children Served	8.23
463	Number of Families Served*	1352
1.79	Average Number of Children Served per Family	1.64
10	Number of Service Providers	69
658	Number of Children Referred for Placement Prevention Services	1644
169	Number of Children Referred for Reunification Services	572
79.84	Average Length of Service (days)	126.96
90.09	Average Total Hours per Service**	59.16
42.10	Average Face-to-Face Hours per Service**	28.11
21.09	Average Number of Face-to-Face Contacts per Service**	17.93
7 (1%)	Number of Families Refusing Services	75 (5%)

\* Some children/families received more than one service during the evaluation period; counts are based on service documentation received

\*\* Averages include both therapist and paraprofessional hours/contacts

## **RECOMMENDATIONS FOR PROGRAM AND PRACTICE IMPROVEMENT**

- ◆ Identify differences between families who do and do not re-refer within one year of IFPS/FPS services, including family characteristics, case characteristics, and specific interventions
- ◆ Identify differences between families whose children are placed and are not placed within six months of IFPS/FPS placement prevention services, including family characteristics, case characteristics, and specific interventions
- ◆ Identify differences between families whose children do and do not reunify after IFPS/FPS services, including family characteristics, case characteristics, and specific interventions
- ◆ Improve service tracking to monitor program activities, increase statewide access to current program data, promote full usage of program funds and provide a base with which to match service documentation for more complete evaluations
- ◆ Mandate consistent referral protocol to enhance strength of evaluation-based statistical analyses
- ◆ Find and incorporate best measures of program outcomes, improved child safety and well being

## **REPORT ORGANIZATION**

In the pages that follow, you will find descriptions of clients and IFPS/FPS services and the outcome evaluation of those services. This information provides useful feedback and accountability of DCFS staff and contracted service providers as well as data that can aid the decisions made by program administrators and legislators.

Again, we present a condensed evaluation document for this report period organized into seven sections. You will find the section titles at the top of each page:

Program Inception/Legislative Intent

Limitations of Research

The Children

The Families

The Services

The Contracted Service Providers

The Results

Summary and Recommendation





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## PROGRAM INCEPTION/LEGISLATIVE INTENT

Believing that the health and safety of Washington's children is vital and acknowledging the increasing number of children entering out-of-home care, the Washington State Legislature passed Engrossed Substitute Senate Bill 5885 authorizing family preservation services in 1995 (RCW 74.14C). The intent of the legislation includes strengthening family units and decreasing the number of children entering the dependency system by providing intensive in-home services focused on keeping children safe within their own homes. The Department of Social and Health Services (DSHS) was directed to administer two programs, Intensive Family Preservation Services (IFPS) and Family Preservation Services (FPS), by determining family eligibility, appropriately contracting and training intensive in-home service providers, monitoring program activities and expenditures, and, finally, evaluating and reporting all services for prescribed outcomes.

This evaluation report was prepared by the Office of Children's Administration Research (OCAR) using data submitted by DSHS contracted service organizations and the Children's Administration case and management information system (CAMIS). It summarizes IFPS and FPS provided to children and families July 1, 2002 through June 30, 2003 (FY03).

### PROGRAM DESCRIPTIONS

Intensive Family Preservation Services	Family Preservation Services
Provided to families whose children, without intervention, are at "imminent risk" of entry into the dependency system due to child abuse, neglect, family conflict, or threats of harm to health, safety, or welfare	Provided to families whose children, without intervention, face "substantial likelihood" of out-of-home placement because of child abuse, neglect, family conflict, or threats of harm to health, safety, or welfare
Also provided to help reunify children with their families	Also provided to help reunify children with their families
Focused on providing intensive therapeutic services and building connections with supportive community programs so families in crisis may be able to remain together safely	Focused on increasing the number of supportive community connections, reducing risk factors, and enhancing existing family strengths to keep families together
Services are available within 24 hours of referral and offered for up to 90 days	Services are available within 48 hours of referral and offered for up to 6 months

*Family participation is voluntary for both programs*

The standards contracted service providers strive to meet through provision of IFPS/FPS include:

- ◆ ensuring child safety
- ◆ preventing placement, if appropriate
- ◆ facilitating safe reunification as requested and if appropriate
- ◆ reducing risk factors for caregivers, children and families
- ◆ strengthening family units and avoiding new referrals to DCFS
- ◆ connecting families with community resources
- ◆ providing satisfactory services to IFPS/FPS families as measured by a voluntary client survey

## **LIMITATIONS OF EVALUATION RESEARCH**

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Children's Administration DCFS offices offer Intensive Family Preservation and Family Preservation Services to families throughout the state. The many staff who authorize and oversee these services interpret the criteria of "imminent risk of placement" for IFPS and "substantial likelihood of placement" for FPS. With this reality in mind, OCAR presents a comprehensive evaluation assessment of program outcomes and descriptions of families and children using data recorded in the case and management information system (CAMIS) and reported on IFPS/FPS Exit Summaries. As some data was not submitted or was received too late to include, this report contains only the data received from Exit Summaries submitted within evaluation time frames.

## GENERAL DEMOGRAPHICS

During this reporting period, 77% of children referred for either program were under the age of 13, and males slightly outnumbered females (51% IFPS, 52% FPS). Roughly one in three children referred was under the age of five.

RACE/ETHNICITY OF CHILDREN REFERRED TO IFPS/FPS			AGE OF CHILDREN REFERRED TO IFPS/FPS		
	IFPS* (N = 827)	FPS* (N = 2216)	Years	IFPS (N = 827)	FPS (N = 2216)
Caucasian	62%	63%	0 – 4	32%	33%
Multiracial	15%	12%	5 – 8	21%	21%
African American	10%	8%	9 – 12	24%	23%
Hispanic	5%	9%	13 or older	23%	23%
Native American	4%	5%			
Other	2%	1%			
Asian	1%	1%			
Not identified	<1%	<1%			

\* May not equal 100% due to rounding

The number of Caucasian children referred to IFPS/FPS has decreased slightly since 1999-2000. In 1999, 64% of children referred for IFPS and 67% of children referred for FPS were identified as Caucasian (FPS/IFPS Evaluation Progress Report, February 2000). Statewide, the U.S. Census Bureau data indicates Washington's population has also changed. Caucasian individuals comprised 89% of the population in 1990, but just 82% of the state's population in 2000 (<http://quickfacts.census.gov/qfd>).

Of those children identified as multiracial and provided IFPS, 28% were identified as Hispanic/Caucasian children, 18% were identified as Native American/Caucasian children, 16% were identified as African American/Caucasian children, 8% were identified as Native American/African American children, and 6% were identified as Hispanic/African American children. The remaining 24% of children identified as multiracial were reported with three or more racial categories.

Of those multiracial children served by FPS, 27% were identified as African American/Caucasian children, 30% were identified as Hispanic/Caucasian children, 14% were identified as Native American/Caucasian children, 3% were identified as Native American/African American children, and 3% were identified as Hispanic/African American children. Twenty-three percent of children identified as multiracial were reported with three or more racial categories.

## THE CHILDREN

Children receiving IFPS were generally referred by DCFS offices in the central and southern portions of western Washington, whereas children receiving FPS were generally referred by offices in the eastern part of the state.

### GEOGRAPHIC LOCATION OF CHILDREN REFERRED TO IFPS/FPS

	IFPS (N = 827)	FPS (N = 2216)
Region 1 (East of Cascades - North Central)	9%	22%
Region 2 (East of Cascades - South)	9%	22%
Region 3 (West of Cascades - North of King County)	13%	13%
Region 4 (West of Cascades - King County)	27%	15%
Region 5 (West of Cascades - Pierce/Kitsap Counties)	19%	15%
Region 6 (West of Cascades - South and Peninsula)	23%	15%

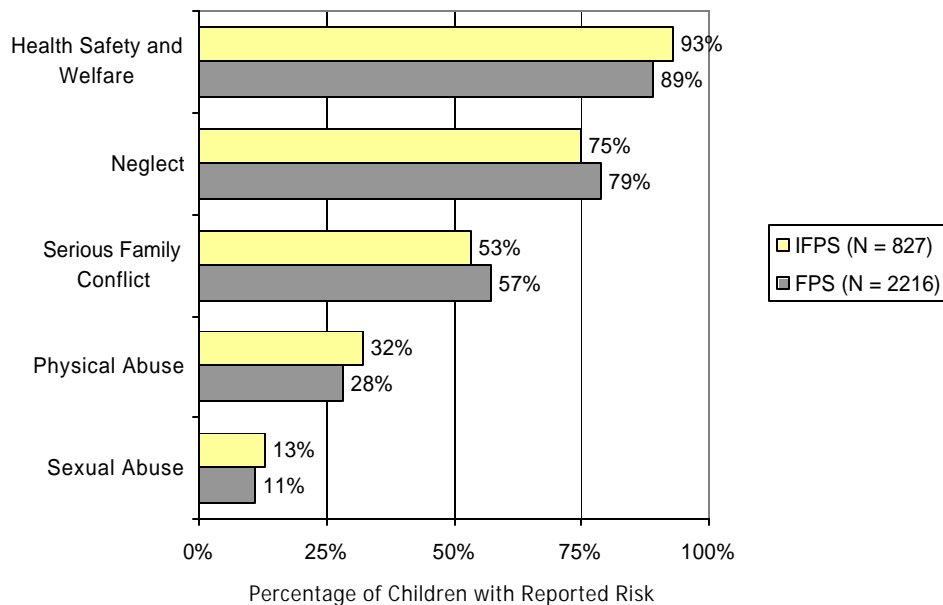
\* May not equal 100% due to rounding

### RISK FACTORS

Division of Child and Family Service (DCFS) social workers assessed all children referred to IFPS or FPS for risk factors in five areas at the time of referral for services. Children could be, and often were, identified with a risk factor in more than one area. Nearly all children served were reported as being at risk of harm to health, safety and welfare.

### IDENTIFIED RISK AREAS FOR CHILDREN SERVED BY IFPS/FPS

*(children could be identified with more than one risk)*



## Risk of Harm to Health, Safety and Welfare

Risk of harm to health, safety and welfare was the risk area most often identified by providers during this evaluation period (93% IFPS, 89% FPS). This risk area includes ten specific types of harm to health, safety and welfare that IFPS/FPS providers were asked to assess and report.

### CHILDREN REFERRED TO IFPS/FPS WITH RISK OF HARM TO HEALTH, SAFETY AND WELFARE

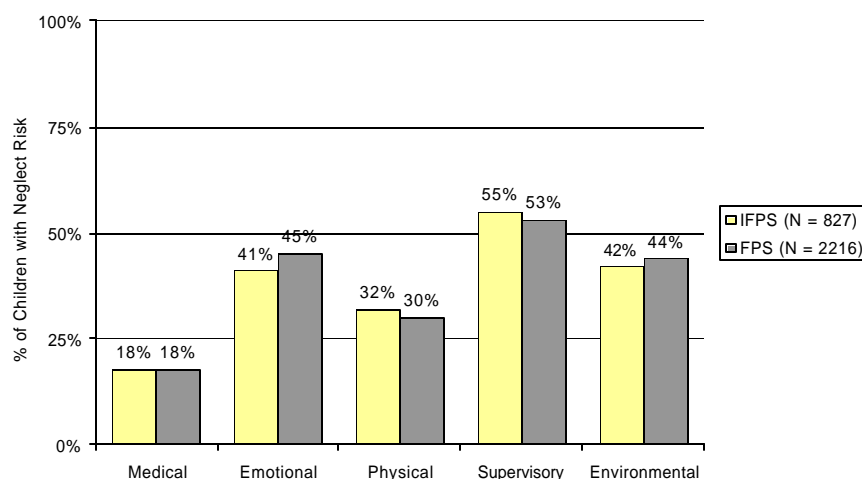
Specific Risks*	IFPS (N = 827)	FPS (N = 2216)
Caregiver's inability or decreased ability to protect child	62%	55%
Child's behavioral problems	48%	52%
Inability of parents to control or manage child's behavior	47%	44%
School problems	31%	37%
Child's serious mental health issues	21%	18%
Family not engaged with services or not following plan	18%	19%
Delinquency	10%	13%
Child's developmental disability or mental retardation	9%	9%
Child's drug or alcohol use	7%	9%
Physical handicap or chronic debilitating medical problem	5%	5%

\* Children could be identified with more than one specific health, safety and welfare risk

## Neglect

Neglect was reported as the second most common risk area for the children served by IFPS/FPS. Measures for five specific neglect risks were collected: medical, emotional, physical, supervisory, and environmental. Three fourths or more of the children referred to IFPS and FPS were victims of at least one type of neglect (75% IFPS, 79% FPS) with over one half experiencing two or more types of neglect (52% IFPS, 55% FPS).

### TYPES OF NEGLECT IDENTIFIED FOR CHILDREN SERVED BY IFPS/FPS (children could be identified with more than one type of neglect)



## THE CHILDREN

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### Serious Family Conflict

Over one half of all children referred to IFPS/FPS during the report year had been exposed to or involved in *violent and/or non-violent* serious conflict within their families—from verbal disputes to physical assaults (53% IFPS, 57% FPS). Of those children identified with this risk factor, roughly one third experienced *violent* conflict (33% IFPS, 37% FPS).

### Physical Abuse

Nearly one third of children served by either IFPS or FPS during FY03 were suspected or confirmed victims and/or offenders of physical abuse (32% IFPS, 28% FPS). More than one in four of the children identified with this risk factor were confirmed or suspected *victims* (30% IFPS, 27% FPS).

### Sexual Abuse

Just over 10% of the children referred were suspected or confirmed victims and/or offenders of sexual abuse (13% IFPS, 11% FPS). Of these, 12% (IFPS) and 10% (FPS) were suspected or confirmed *victims*.

### GOAL OF SERVICE: PLACEMENT PREVENTION/REUNIFICATION

The goal of all services, either placement prevention or reunification, is determined by DCFS social workers at the time of referral to a service provider.

Of the 827 children served by IFPS, therapists worked to prevent placement of 658 children, or 80% of all children referred. The remaining services were requested to reunify 169 children (20%) with their families. Of the families referred for IFPS placement prevention, providers worked with birth-adoptive parents (91%), relatives (6%) and foster parents (3%). For reunification requests, 90% of services were provided to a birth-adoptive caregiver (parent) and 10% were provided to a relative.

Family preservation service therapists worked with 1,644 children and their families to prevent placement (74%). The remaining services were requested to reunify 572 children (26%) with their families. Of the families referred for FPS placement prevention, FPS service providers worked with birth-adoptive parents (84%), relatives (11%), and foster parents (5%). For reunification requests, services were provided to birth-adoptive caregivers (93%) and relatives (7%).



### PROVIDER RECOMMENDATIONS AT END OF SERVICE

Service providers (therapists) were asked to make placement and/or treatment recommendations at the end of service intervention. Ninety-nine percent of IFPS providers and 97% of FPS providers made at least one recommendation.

Therapists recommended that 80% of children referred to IFPS remain at home, 8% be placed in DCFS authorized relative care and 8% be placed in DCFS authorized foster care. The remaining four percent of children served by IFPS were given recommendations for psychiatric inpatient or group treatment, placement with a non-DCFS authorized relative, or some other recommendation.

Family Preservation Services providers recommended that 71% of children referred remain at home, 8% be placed in DCFS authorized relative care, and 13% be placed in DCFS authorized foster care. Therapists recommended that the remaining 8% of children served by FPS enter psychiatric inpatient or group treatment, be placed in non-DCFS authorized relative care, or some other recommendation.

# THE FAMILIES

## GENERAL DEMOGRAPHICS

Most of the primary caregivers of families referred to IFPS/FPS were female (84% IFPS, 86% FPS) and Caucasian with an average age of 36. A second caregiver was reported for nearly one half of families referred to IFPS, but only 38% of families referred to FPS. All reported caregiver ages ranged from 14 to 81 years. Roughly one in three families referred to IFPS/FPS reported an annual income of less than \$10,001 (IFPS 37%, FPS 35%)<sup>1</sup>. Social workers usually identified one or two children as being at placement risk or in need of reunification for each family referred for service (79% IFPS, 83% FPS).

### RACE/ETHNICITY OF PRIMARY AND SECONDARY CAREGIVERS RECEIVING IFPS/FPS\*

	IFPS*		FPS*	
	Primary Caregiver (N = 463)	Secondary Caregiver (N = 224)**	Primary Caregiver (N = 1352)	Secondary Caregiver (N = 518)**
Caucasian	70%	71%	73%	71%
African American	10%	10%	7%	8%
Multiracial	6%	4%	4%	3%
Hispanic	5%	3%	6%	8%
Native American	5%	4%	5%	3%
Other	2%	2%	1%	1%
Not identified	2%	4%	2%	5%
Asian	1%	2%	1%	1%

\* Percentages may not equal 100% due to rounding

\*\* Not all families had a reported secondary caregiver

Of the primary caregivers identified as multiracial, 10% were identified as Hispanic/Caucasian individuals, 9% were identified as Native American/Caucasian individuals, 7% were identified as being of Native American/Hispanic descent, and fewer than 4% were African American/Caucasian, Asian or Pacific Islander/Caucasian, or African American/Native American individuals for IFPS and FPS combined.

### AGE OF PRIMARY AND SECONDARY CAREGIVERS RECEIVING IFPS/FPS\*

	IFPS*		FPS*	
Years	Primary Caregiver (N = 463)	Secondary Caregiver (N = 224)**	Primary Caregiver (N = 1352)	Secondary Caregiver (N = 518)**
19 or younger	4%	2%	5%	2%
20 – 29	30%	30%	29%	29%
30 – 39	34%	29%	37%	33%
40 – 49	24%	28%	21%	25%
50 or older	10%	10%	9%	11%

\* Percentages may not equal 100% due to rounding

\*\* Not all families had a reported secondary caregiver

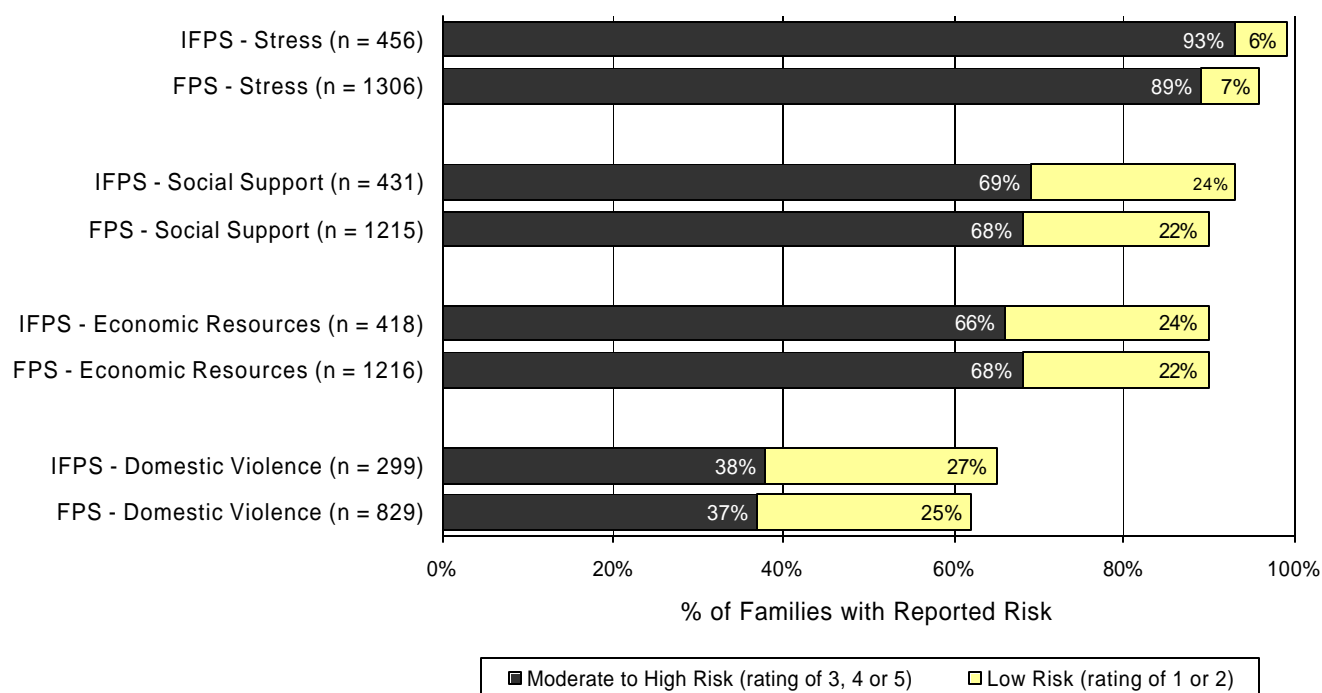
<sup>1</sup> The U.S. Department of Health and Human Services Poverty Guidelines defined the poverty level for 2003 as less than \$12,120 for a family of two to less than \$30,960 for a family of eight (<http://aspe.hhs.gov/poverty/03poverty.htm>).

## RISK FACTORS

Social workers assessed and rated nine caregiver risk factors and four familial, social and economic factors at time of referral to an IFPS/FPS provider. They used a six-point scale of 0 – 5, with 5 equal to high risk, 3 equal to moderate risk, 1 equal to low risk, and 0 equal to no risk.

The percentages of families with any reported familial, social or economic risk level (1 – 5) ranged from 62% for Domestic Violence to 99% for Stress. Families with any level of risk were then divided into low risk and moderate to high risk.

**RISK RATING OF FAMILIAL, SOCIAL AND ECONOMIC RISK FACTORS AT IFPS/FPS START**  
(n refers to the number of families with any reported risk level at time of referral)



Nearly all families were assessed as experiencing some level of stress with a social worker rated risk level measurement at intake averaging four or moderately high risk (4.07 IFPS, 3.98 FPS).

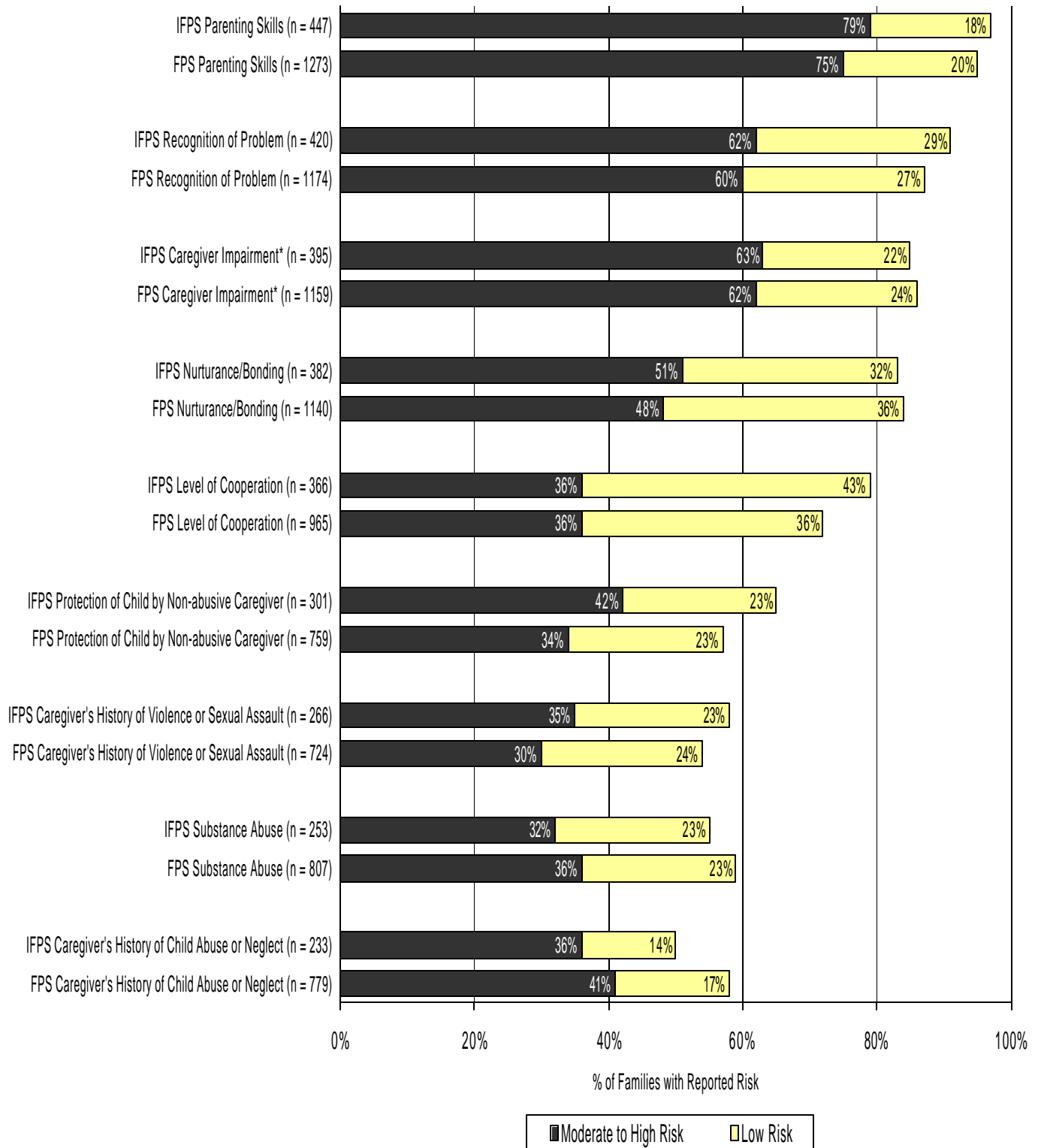
The percentages of families with any measurable caregiver risk level ranged from 50% for Caregiver's History of Child Abuse or Neglect to 97% for Parenting Skills. Families with any risk factor were then divided into low risk and moderate to high risk.

At least four of every five families were assessed as being at risk due to (lack of) parenting skills, (lack of) recognition of problem/motivation to change, (lack of) nurturance/bonding, and for mental, emotional, intellectual, or physical impairment(s).

## THE FAMILIES

### CAREGIVER RISK FACTOR RATING AT SERVICE START FOR FAMILIES REFERRED TO IFPS/FPS

(n = the number of families with any reported risk level at time of referral)



## SUPPORT SYSTEMS

Families served by IFPS/FPS utilized a wide range of formal and informal support systems within their communities and also relied on a variety of concrete goods and services. During service, contracted providers reported family involvement with up to 27 community resources. The most reported community connections made by families served during this report year include: medical services, health insurance, and support persons for parents (caregivers) and children.

FAMILY COMMUNITY CONNECTIONS AT TIME OF IFPS/FPS SERVICE  
(IFPS N = 463) (FPS N = 1352)

Formal Support Services			Informal Support Services			Concrete Goods and Services		
Resource	IFPS	FPS	Resource	IFPS	FPS	Resource	IFPS	FPS
Medical services	90%	87%	Parent support person	88%	84%	Health insurance	90%	84%
Community	70%	68%	Support person for child	85%	86%	WIC/food stamps	56%	51%
School system	70%	69%	Activities/clubs	30%	33%	Public assistance	55%	55%
Mental health	65%	62%	Dance/sports	19%	21%	Legal assistance	37%	31%
Day care/Head Start	52%	51%	Scouts	7%	6%	Transportation	36%	39%
Special school services	42%	40%				Housing assistance	35%	34%
Psychiatric	38%	32%				Utility/telephone	27%	29%
Case management	28%	25%				Vocational/educational	19%	15%
Substance abuse	26%	29%				Employment security	16%	15%
Juvenile justice	26%	24%						
Adult justice	23%	22%						
Domestic violence	10%	13%						
Developmental disabilities	10%	11%						

## PROVIDER ASSESSED FAMILY SERVICE NEEDS

IFPS/FPS therapists assessed families' need for selected coordination services. Nearly all families receiving IFPS or FPS received an assessment and service plan. Many families needed assistance with advocacy and community service access. Twenty percent or fewer families referred to IFPS/FPS this report period needed assistance with the coordination of services for housing or job hunting/training. Families referred to IFPS differed markedly in their need for the coordination of transportation (52% IFPS, 31% FPS). Additional analysis revealed many of the families served by FPS who did not need transportation services lived in eastern Washington.

## FAMILY NEED AND IFPS/FPS SERVICES Coordination Services

	IFPS N = 463			FPS N = 1352		
	Service Delivered (needed)	Service Needed, but not Wanted	Service Not Needed	Service Delivered (needed)	Service Needed, but not Wanted	Service Not Needed
Service Plan Development	97%	3%	1%	93%	4%	4%
Assessment	97%	1%	2%	94%	2%	4%
Advocacy/Coordination	88%	4%	7%	78%	7%	14%
Accessing Community Services	87%	7%	5%	81%	8%	10%
Concrete Goods and Services	81%	3%	14%	78%	3%	18%
Transportation	52%	2%	44%	31%	2%	62%
Housing/Apartment Hunting	19%	7%	73%	20%	6%	73%
Job Hunting	16%	11%	71%	13%	14%	70%

Families were also assessed for need of skill building services. More than 70% of all families needed to build skills in emotion management, parent education, communication, child development, child behavior, management, and safety skills. Measures for skill building services were similar for families whether they received IFPS or FPS.

## FAMILY NEED AND IFPS/FPS SERVICES Skill Building Services

	IFPS* N = 463			FPS* N = 1352		
	Service Delivered (needed)	Service Needed, but not Wanted	Service Not Needed	Service Delivered (needed)	Service Needed, but not Wanted	Service Not Needed
Emotion Management	93%	5%	2%	86%	9%	5%
Parent Education	90%	7%	3%	86%	8%	6%
Communication Skills	88%	6%	6%	82%	9%	8%
Child Development Education	85%	7%	7%	81%	9%	9%
Child Behavior Management	85%	6%	8%	83%	7%	9%
Safety Skill Building	83%	5%	12%	72%	7%	20%
Defusing Family Violence	51%	7%	43%	49%	7%	43%
Financial Budgeting	27%	19%	54%	28%	21%	51%
Substance Abuse Management	26%	15%	59%	27%	15%	59%
Home Maintenance Skills	26%	9%	65%	21%	10%	68%
Marital Conflict Resolution	23%	10%	67%	24%	9%	67%
Job Readiness Training	15%	13%	69%	12%	15%	71%

\* May not equal 100% due to rounding and a fourth categorical response: Wanted but not Available<sup>2</sup>

<sup>2</sup> Very few families were reported as wanting a service not available (<5%). Three percent of families served by IFPS wanted job readiness training and 4% of families served by FPS wanted transportation.

## THE PROVIDERS

Ten organizations provided IFPS to families during the evaluation period. All but one also provided FPS.

### FY03 CONTRACTED IFPS PROVIDERS

Provider Name	Number of IFPS Interventions*	Number of FPS Interventions*
BSM Counseling & Training Center.....	2.....	6
Catholic Community Services.....	58.....	38
Compass Community Health.....	2.....	6
Grayson & Associates.....	42.....	75
Institute for Family Development.....	301.....	193
Pacific Institute of Family Dynamics.....	6.....	8
Seattle Mental Health.....	16	
Service Alternatives.....	2.....	46
Working Choices.....	32.....	75
Youth, Family, Adult Connections.....	2.....	6
Total	463	453

\* Numbers based upon Exit Summaries submitted by providers

Sixty other organizations provided FPS during the report year.

### FY03 CONTRACTED FPS PROVIDERS

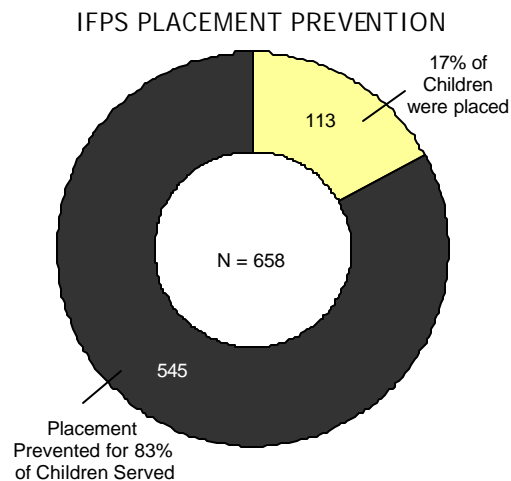
Provider Name	Number of FPS Interventions	Provider Name	Number of FPS Interventions
Advantages Plus Counseling, Inc.....	47	Imagine Joy.....	10
Auburn Youth Resources.....	10	Inland Counseling Network.....	1
Becker & Associates.....	7	Keller, Robert.....	14
Bird, MJ Counseling.....	1	Larsen, Tony.....	3
Brecht & Woods Therapeutic Services.....	22	Lutheran Social Services.....	31
C.I.E.L.O.....	17	MacCready, Kay Nan.....	3
Catholic Family & Child Services.....	50	MacLennan & Peirson Counseling.....	7
Central Valley Counseling.....	1	Meyer, Keith.....	20
Chelan/Douglas RSN.....	2	Morris, Michael.....	15
Child & Family Guidance Center.....	4	Northwest Children's Home.....	5
Children's Allied Resources.....	1	Northwest Family Therapy Institute.....	9
Children's NETT.....	19	Northwest Youth Services.....	23
Community Youth Services.....	1	Palouse Counseling.....	19
County Family Service Team.....	25	Personal Parenting & Assessment Services.....	37
Crowley, Larry.....	1	PK Therapy & Family Services.....	13
Dykeman, Ruth Children's Center.....	7	Psychological Consultants.....	13
EDS Family Services.....	2	Riverview Counseling.....	2
Elg, Sue.....	25	Rydell Counseling Services.....	2
Empowering, Inc.....	5	Salvation Army.....	5
Evergreen Counseling Services.....	92	SCAN.....	36
Excelsior Youth Center.....	4	Sisters in Common.....	4
Family Counseling Services.....	1	Spokane Consultants in Family Living.....	32
Family Essentials.....	75	Strickland & Seferian.....	51
Family Renewal Resources.....	11	Trevino, Amy.....	1
Family Response Team.....	1	Valdez, Roberto.....	21
Family, Marriage & Assessment Counseling.....	14	Valley Cities Counseling & Consultation.....	5
Gateways for Youth & Families.....	3	Walker & White Diversified.....	34
Guerin & Associates.....	2	West End Outreach.....	2
Harmony Plus.....	12	Wirtz, Linda.....	1
Healthy Families.....	11	YMCA of Greater Seattle.....	7
		Total.....	899

\* Numbers based upon Exit Summaries submitted by providers

## THE RESULTS

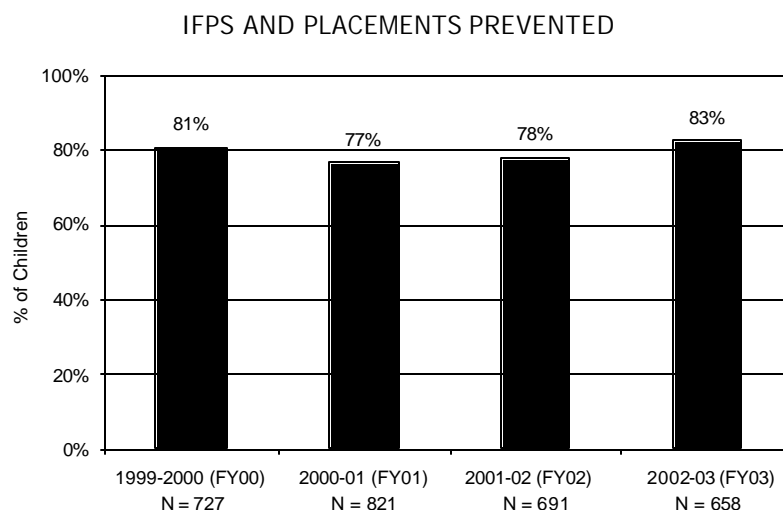
### IFPS AND PLACEMENT PREVENTION SERVICES

A primary outcome measure for Intensive Family Preservation Services as prescribed in statute consists of preventing "out-of-home placement for at least 70% of cases served for a period of at least 6 months following termination of services" (RCW 74.14C.030 (5)(a)). Placements are further qualified as any child receiving intensive family preservation services who was "not placed outside of the home, other than for a single, temporary period of time not exceeding fourteen days" (RCW 74.14.C.030 (1)(c)). During this evaluation period, service providers exceeded this prescribed standard by 13%, preventing placement for a total of 545 or 83% of children referred for IFPS services.



Of the 113 children placed following IFPS, 35 (31%) were placed with relatives. When combining the children referred for placement prevention and children referred for reunification services (see next page), IFPS providers prevented placement or re-entry into placement for 641 children or 78% of all children referred.

Since 1999-2000, IFPS providers and DCFS staff have worked with families and prevented out-of home placement for over 2,300 children.





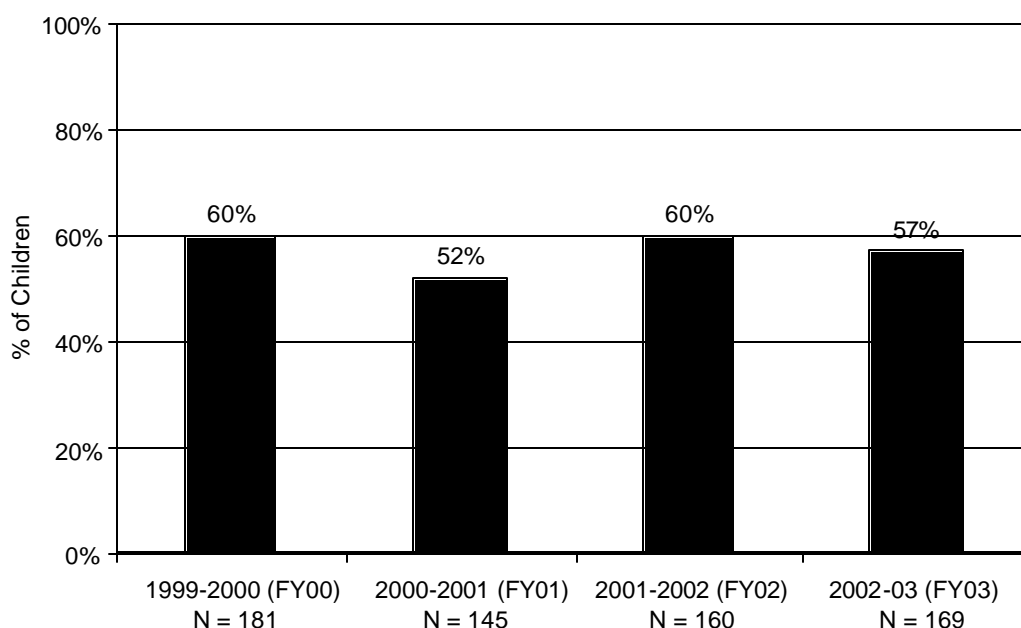
## IFPS AND REUNIFICATION SERVICES

Social workers also referred families for IFPS to help ensure children's safe return home. Reunification success was gauged by whether the child returned home within 30 days of service start **and** the child did not return to placement for at least six months following services.

Of the 169 children for whom reunification services were requested, IFPS therapists safely returned 96 (57%) home. Of the 73 children who were placed again following IFPS reunification efforts, 4 (5%) were placed with relatives.

Since 1999-2000, IFPS providers and DCFS staff have reunified over 370 children with their families.

IFPS AND SUCCESSFUL REUNIFICATION



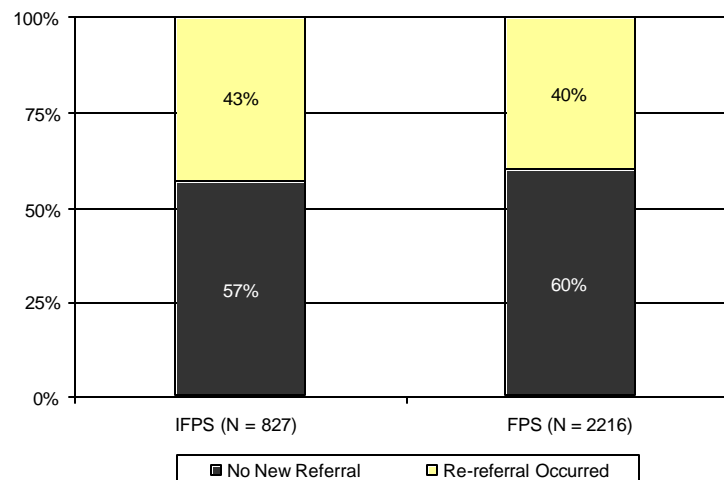
## THE RESULTS

### IFPS/FPS AND RE-REFERRAL AFTER SERVICE

In addition to placements prevented, another measure of program efficacy consists of avoiding "new referrals...for Child Protective Services (CPS) or Family Reconciliation Services (FRS)...within one year of the most recent case closure..." (RCW 74.14.C.030 (4)(b)). The following referral rates are based on Children's Administration records of accepted CPS and FRS referrals between July 1, 2003 and June 30, 2004, or one year after IFPS/FPS for this evaluation period ended.

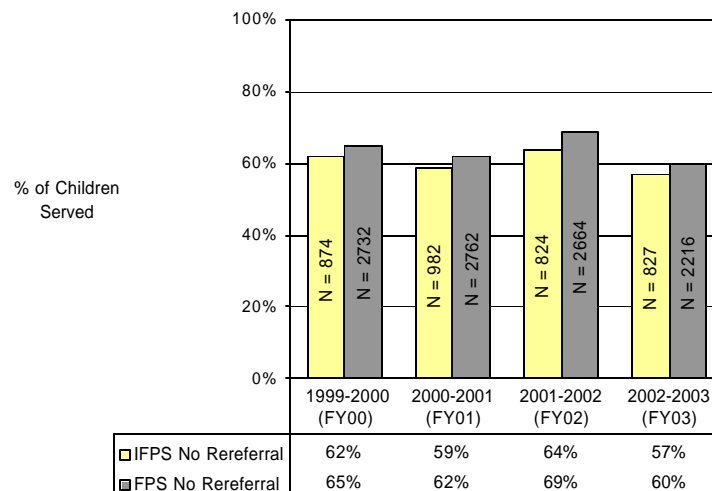
No new referrals were received within 12 months of service end for 472 (57%) children served by IFPS and 1,340 (60%) children served by FPS.

RE-REFERRALS WITHIN TWELVE MONTHS OF IFPS/FPS SERVICE END DATE



Since 1999-2000, more than 8,700 children whose families received IFPS/FPS have had no record of new, accepted CPS or FRS referrals for one year following IFPS/FPS.

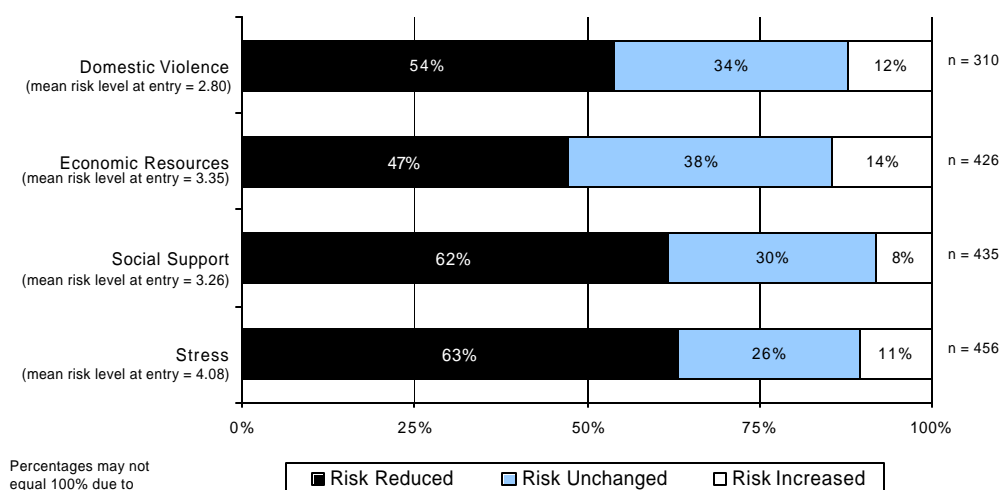
IFPS/FPS AND AVOIDANCE OF RE-REFERRAL



## REDUCTION IN RISK FACTORS

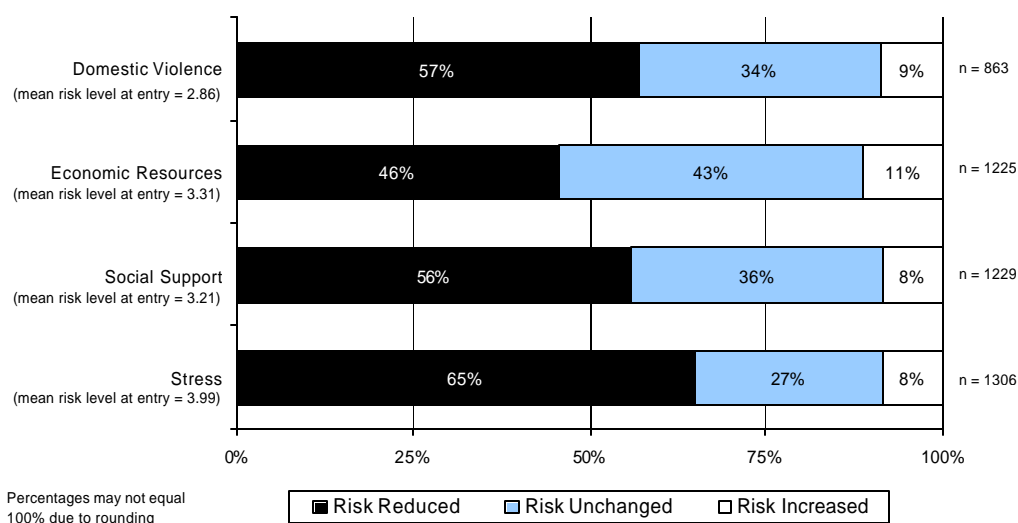
Social workers and IFPS/FPS therapists reported data for four familial, social and economic factors as well as nine caregiver risk factors using a 6-point scale of 0 – 5, with 5 equal to high, 3 equal to moderate, 1 equal to low, and 0 equal to no risk. In most instances, social workers assigned a risk level at the time of referral for IFPS/FPS for all 13 factors. Service providers evaluated these risk factors again at service exit using the same 6-point scale. As a rating of zero signifies no risk and only families with risk levels of 1 through 5 were included in these calculations, the number of families reported for each risk category varies. Like the last reporting period, contracted service providers reported measurable risk reduction for all risk factors.

FAMILIAL, SOCIAL AND ECONOMIC RISK FACTORS  
IFPS Caregiver Risk Levels – Start Versus End of Service



Mean risk level at entry calculated using 5-point assessment scale (1 low, 3 moderate, 5 high)

FAMILIAL, SOCIAL AND ECONOMIC RISK FACTORS  
FPS Caregiver Risk Levels – Start Versus End of Service



Mean risk level at entry calculated using 5-point assessment scale (1 low, 3 moderate, 5 high)

## THE RESULTS

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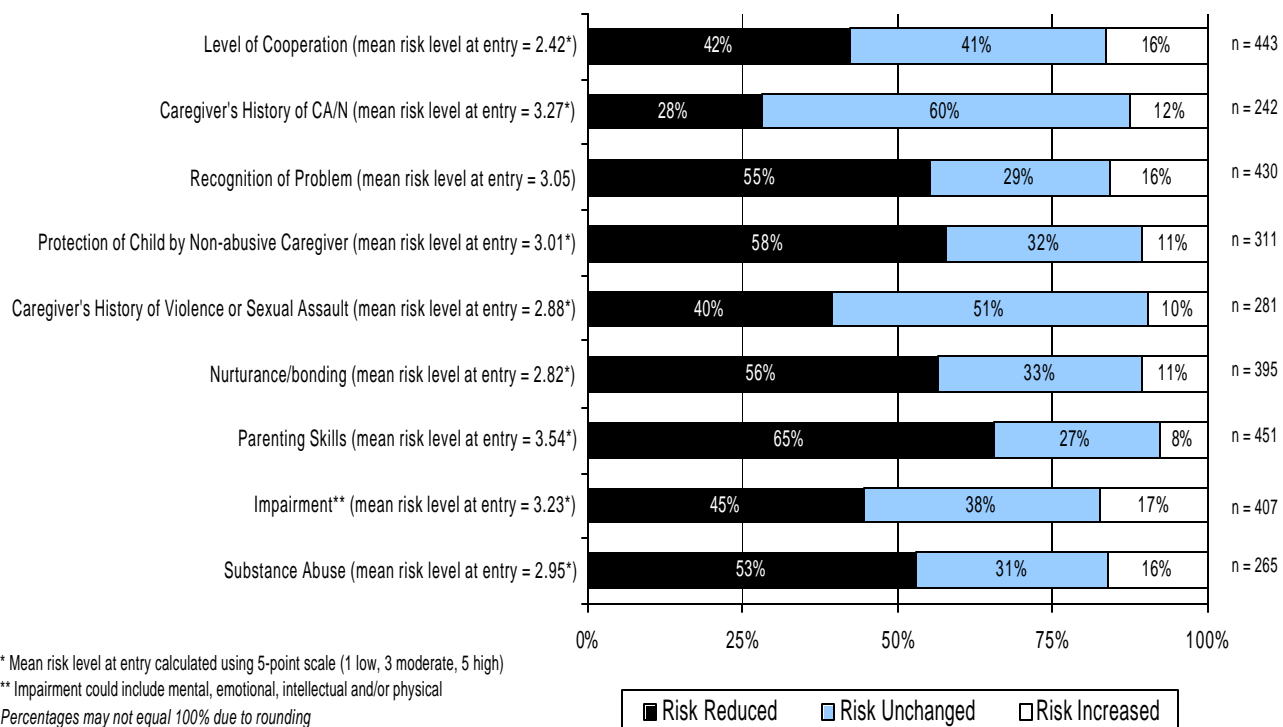
Nearly two thirds of all families served had a measurably reduced risk level for stress at the end of services. Sixty two percent of the families who were provided IFPS services also reported reduced risk for social support and over half of the families served by FPS (56%) reported a reduction in this risk. More than one half of all families provided IFPS/FPS were rated with a reduced risk level for domestic violence by the end of intervention and nearly one half of all families showed a reduction in risk level for economic resources.

The graphs also illustrate that some risk factor levels increased for a number of families between start and end of services. One possible explanation for increased risk levels may be that a more thorough assessment was completed as the therapist spent more time with the family, and/or dynamics changed during the course of the intervention.

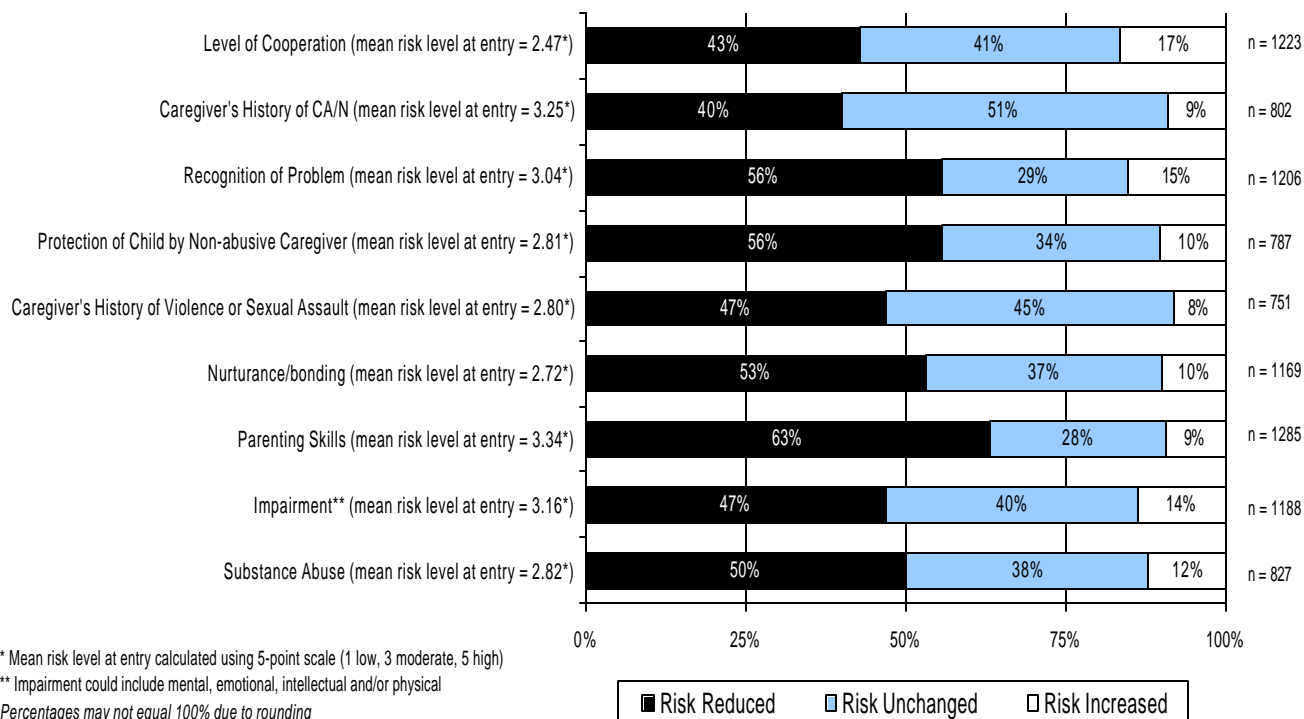
Finally, some risk factors remained unchanged between start and end of services. No change in families' economic resources was often reported during this evaluation period (38% IFPS, 43% FPS). While some concrete funds are available and offered to families (up to \$200 for IFPS and \$500 for FPS) and families are also encouraged to connect with community formal and informal support systems and services (housing, vocational and general public assistance), this risk might best be addressed and measured after applying longer term solutions such as education and vocational training, rather than short-term crisis interventions. The two other change-resistant socioeconomic and familial factors of domestic violence and social support may require fundamental shifts of social attitude. The length of IFPS/FPS services (90 days IFPS, six months FPS) may not provide enough time to detect measurable attitudinal shifts.

Change in risk level for all caregiver risk factors is calculated using the same pre-referral assessment by a DCFS social worker and the provider assessed risk level at end of services. Two new caregiver risk factors, "Protection of Child by Non-abusive Caregiver" and "Level of Cooperation," were added to the service summary midway during the last evaluation period and are reported here for the first time.

CAREGIVER RISK FACTORS  
I F P S Caregiver Risk Levels – Start Versus End of Service



CAREGIVER RISK FACTORS  
F P S Caregiver Risk Levels – Start Versus End of Service



## THE RESULTS

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Risk reduction for caregiver-specific risk factors was fairly consistent between programs for all nine variables. Fifty percent or more of all families provided IFPS/FPS had a measurably reduced risk in recognition of problem/motivation to change, protection of child by non-abusive caregiver, nurturance/bonding, and substance abuse. Nearly two thirds of families had a reported risk reduction in parenting skills.

Again, an increased risk level for caregiver risk factors was found for 8% to 17% of families with specific areas of risk. This increase may be explained by improved accuracy of risk assessment while providers worked with the families and/or possible data entry errors.

Finally, a substantial number of families measured with no change in risk level. Sixty percent of IFPS-served families experiencing no risk level reduction for caregiver history of child abuse and neglect. The lack of change in this risk level may be due to lack of therapeutic intervention time, the possibility that an historic element can never be reduced to "no risk", or perhaps a focus on more imminent caregiver and child concerns during service.

### COMMUNITY CONNECTIONS

Data was also collected for family connection with existing community resources. Service providers submitted data regarding 13 formal support services, five informal support services and nine concrete goods and services that families were connected with at start or became connected with by end of IFPS/FPS. Reported data indicate an increased number of families connected to all 27 community resources by the end of services.

Increases in the number of families connected to community resources are illustrated as ratios in the following three figures. The Office of Children's Administration Research calculated a net change in family engagement using the difference in the number of families engaged at service entry and exit for each community resource. Four percent to 42% of all families served by IFPS/FPS increased connections with available concrete goods and services.

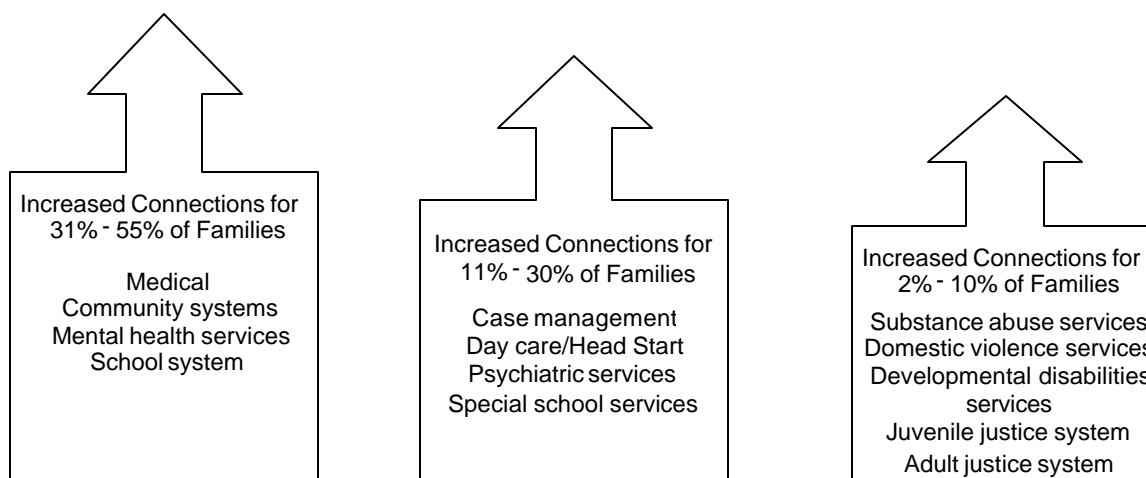
## CONCRETE GOODS AND SERVICES Net Increase in Family Community Resource Connections

	IFPS				FPS			
	# of Families Connected at Service Start	# of Families Connected at Service End	# of Families not Connected at Service Start	Net Change	# of Families Connected at Service Start	# of Families Connected at Service End	# of Families not Connected at Service Start	Net Change
Health Insurance	370	409	93	42%	995	1102	354	30%
Transportation	96	161	367	18%	313	488	1035	17%
Utility/Telephone	47	121	416	18%	158	344	1190	16%
Legal Assistance	105	167	358	17%	231	387	1117	14%
Public Assistance	207	245	256	15%	609	686	739	10%
WIC/Food Stamps	210	244	250	14%	557	647	784	11%
Housing Assistance	115	157	347	12%	283	419	1065	13%
Vocational/Educational	32	82	431	12%	73	176	1272	8%
Employment Security	49	66	413	4%	114	173	1234	5%

Measured increases for concrete goods and services were similar for both programs with the exception of health insurance (42% IFPS, 30% FPS). Further analysis revealed these families with measured increases for concrete goods and services resided predominantly in western Washington (27% King County, 19% Pierce/Kitsap Counties, 23% in the southern and Olympic peninsula portions of western Washington).

Families were connected with formal support services during IFPS/FPS interventions: from a low of 2% for Adult Justice System to a high of 55% for Medical Services.

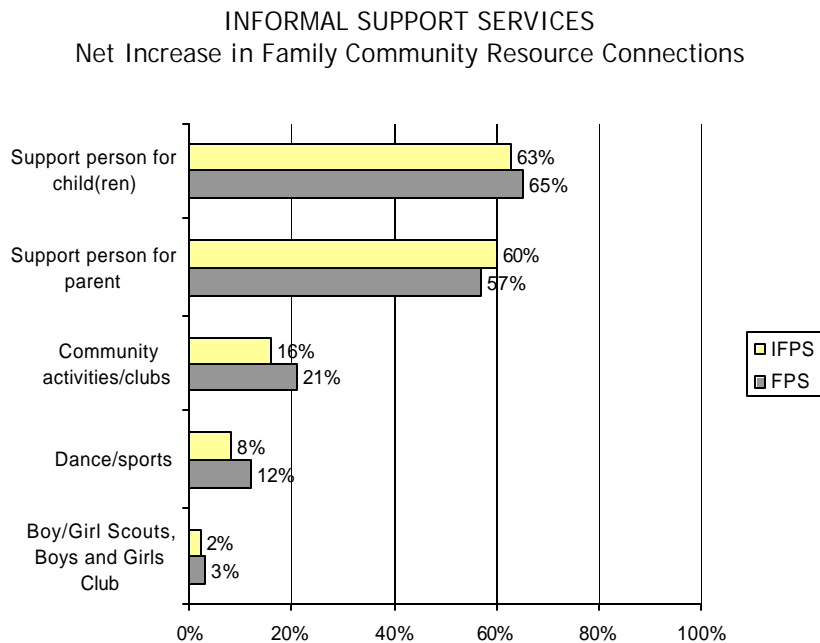
## FORMAL SUPPORT SERVICES Net Increase in Family Community Resource Connections



## THE RESULTS

Again, most of the measurements for increases to formal support services were consistent between programs. Measurements for mental health service connections of IFPS families differed the most (42% IFPS, 36% FPS). Further analysis revealed these families resided predominantly in western Washington (27% King County, 19% Pierce/Kitsap Counties, 23% southern/Olympic peninsula portions of western Washington).

Informal connections increased for 2% to 65% of families referred during this evaluation period.



The measurements for increased connection with informal support services were also similar for IFPS/FPS, however, more families who received FPS became involved with the informal support of community activities and clubs. Further analysis revealed these families lived in eastern Washington (22% central/north eastern Washington, 22% southeastern Washington).



## CONSUMER SATISFACTION SURVEY

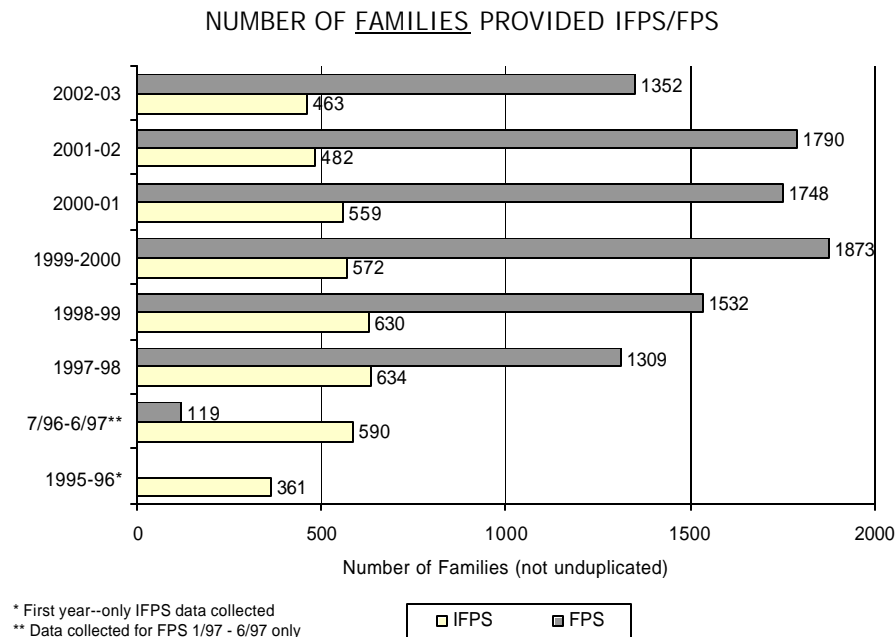
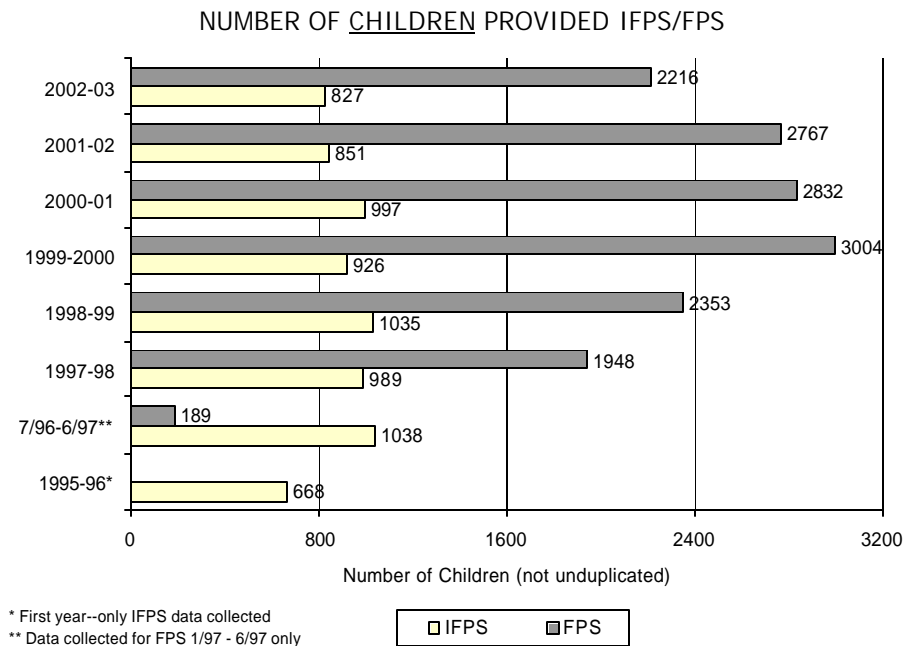
A final program outcome measure relies on voluntary responses from families served. At the end of IFPS/FPS services, providers asked families to return a survey containing nine items rating the services they received, one item asking whether they would refer services to a friend, and an invitation for comments. The Office of Children's Administration received 281 surveys (15% of all families receiving either service) from families during this report year. Generally, those families served who returned a survey were satisfied with IFPS/FPS and believed their family situation had improved, however, one must interpret this data cautiously as the small response rate cannot be viewed as representative of all families receiving services. The actual return rates by program were 24% for IFPS and 10% for FPS.

SURVEY QUESTION AND RESPONSE RATING SCALE	Percentage of Surveys with Rating of 4 or 5			SURVEY COMMENTS
	IFPS N = 109	FPS N = 140	Program not Identified N = 32	
How satisfied were you with the quality of service you received? (1 very dissatisfied to 3 neither to 5 very satisfied)	92%	98%	97%	<p><i>I think many families can make use of these services. I wish more people knew this was available to families with difficulties. (FPS)</i></p> <p><i>The therapist focused more on our bad qualities than on trying to improve the good ones we have. (IFPS)</i></p> <p><i>I feel that these services should be continued for all families in need. I hope that the funding for this program will not be cut as others have been. (FPS)</i></p> <p><i>The services were very helpful and appreciated, but we don't feel it was quite enough time. (IFPS)</i></p> <p><i>More time with counselor is needed. (FPS)</i></p> <p><i>FPS is and was a very helpful service for my family. I am very satisfied with the help and advice they had to offer, I just wish our services didn't have to end. I would definitely refer the services to any one.</i></p> <p><i>Therapists should be issued a cell phone rather than a pager during their involvement with any family for emergency response. (IFPS)</i></p>
How satisfied were you with the way therapist listened to you and understood what you had to say? (1 very dissatisfied to 3 neither to 5 very satisfied)	91%	98%	97%	
How is your family doing now, compared to before services were provided? (1 much worse to 3 no change to 5 much improved)	86%	90%	91%	
How satisfied were you with the amount the therapist involved you and your family in making a service plan and setting goals with your family? (1 very dissatisfied to 3 neither to 5 very satisfied)	90%	94%	94%	
To what extent were your identified goals met? (1 almost all of my goals were unmet to 3 some were met/some were unmet to 5 almost all of my goals have been met)	71%	69%	63%	
Was your therapist available and responsive to you? (1 very unresponsive to 3 neither to 5 very responsive)	96%	92%	91%	
How satisfied were you with being able to get in touch with the therapist when a crisis or emergency happened? (1 very dissatisfied to 3 neither to 5 very satisfied)	92%	89%	91%	
Did you feel the therapist was respectful of your cultural beliefs and values? (1 never to 3 some of the time to 5 yes definitely)	92%	91%	94%	
Did the therapist focus on the strengths and successes of your family? (1 never to 3 some of the time to 5 yes definitely)	90%	89%	94%	

Families were also asked if they would refer IFPS/FPS to a friend. Of the 281 families who returned surveys, 90% served by IFPS and 91% served by FPS responded positively. Of the 11% of families who returned surveys where a program type could not be determined, 91% indicated they would refer the services to a friend.

## SUMMARY AND RECOMMENDATIONS

Over 22,600 children from more than 14,000 families have received IFPS or FPS intervention services in Washington since 1995 (IFPS/FPS Annual Evaluation Reports, 1995-96 to 2002-03). The data reported for the 3,043 children and 1,815 families who received IFPS/FPS during this evaluation period, July 2002 through June 2003, remains similar in many measures to that of past report years. The data collection instrument, the *IFPS/FPS Provider Family Exit Summary*, has changed little since 2000 and the child and family data collected, including measured outcomes, have also remained relatively constant over time. Please note that children and families can receive more than one service during an evaluation year and numbers in the graphs are based on service periods.



## SUMMARY AND RECOMMENDATIONS

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For both IFPS/FPS, DCFS social workers and service providers continued to identify child risk issues of harm to health, safety and welfare; neglect; and serious family conflict for most of the families served. This is consistent with both legislation and with Children's Administration's mission. Service providers reported caregivers' inability or decreased ability to protect children, children's behavioral problems, and the inability of parents to control or manage children's behavior as the most prevalent risks of harm to children's health, safety and welfare. Data submitted for this report show that roughly half of children referred to IFPS/FPS experienced supervisory, environmental and/or emotional neglect. Similarly, over one half of the children referred during this FY03 evaluation period experienced serious family conflict. Around 30% of children referred were suspected or confirmed victims of physical abuse and over 10% of children referred were reported as suspected or confirmed victims or offenders of sexual abuse. As in the 2001-2002 evaluation, data showed little variation in the percentages of children referred to IFPS and FPS assessed with these measured risks.

Division of Child and Family Services social workers and contracted service providers again reported that over 80% of the caregivers lacked skills in parenting and nurturing their children as well as had difficulty in recognizing the presenting problem(s). During this evaluation period, social workers identified 85% or more of caregivers as having mental, emotional, intellectual and/or physical impairment(s). They also identified 90% or more as having family issues of stress, lack of social support and/or lack of economic resources.

Many outcome measures also show consistency over time. Placement prevention rates for families served by IFPS have varied only 7% in years since the 1998-1999 evaluation report (77% to 84%). Data consistently shows reduction of caregiver risks for a broad range of families (15% to 66%) receiving IFPS/FPS since the 1998-1999 evaluation period (IFPS/FPS Evaluation Progress Reports, 1998-99 to 2002-2003).

Differences of note between this and the 2001-2002 evaluation include:

- ◆ re-referral rates
- ◆ the number of service exit data received for children/families referred to FPS

The re-referral rate differs from the 2001-2002 evaluation for both programs: the IFPS re-referral rate decreased by 7%, the FPS re-referral rate decreased by 9%. Two factors could have contributed to this difference:

- ◆ For this evaluation report, OCAR staff checked referrals electronically by matching 2001-2002 program data with CAMIS referral data. In prior years, this check was performed manually by OCAR staff through review of each individual electronic case file
- ◆ There was a 5% statewide decrease in accepted CPS referrals in 2002 (Children's Administration Performance Report 2003, page 11)

## SUMMARY AND RECOMMENDATIONS

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Since 1999-2000, re-referral rates have ranged from 57% to 64% (IFPS) and 60% to 69% (FPS). The IFPS re-referral rate of 57% and the FPS rate of 60% reported for this data collection period, although much lower than that of the last evaluation, fell well within the range of past service periods.

This 2002-2003 IFPS/FPS evaluation report includes data for substantially fewer children and families when compared to the report for 2001-2002 (20% fewer children, 24% fewer families). A lengthy and concerted effort to collect complete data was made in 2001-2002 when it was discovered that not all exit summaries had been submitted (89% response rate to request). While program managers, DCFS staff and OCAR made a similar data collection effort in 2002-2003, OCAR staff calculated a 62% response rate for the data requested to include in this report. Another attempt to reconcile payment records with exit summaries revealed once again that more families received IFPS/FPS than were reported to OCAR via an IFPS/FPS Exit Summary. Following the 2002-2003 data request, Children's Administration staff began to look for additional ways to improve the system of tracking program referral through to service exit documentation.

### RECOMMENDATIONS FOR PROGRAM AND PRACTICE IMPROVEMENT

- ◆ Identify differences between families who do and do not re-refer within one year of IFPS/FPS services, including family characteristics, case characteristics, and specific interventions
- ◆ Identify differences between families whose children are placed and are not placed within six months of IFPS/FPS placement prevention services, including family characteristics, case characteristics, and specific interventions
- ◆ Identify differences between families whose children do and do not reunify after IFPS/FPS services, including family characteristics, case characteristics, and specific interventions
- ◆ Improve service tracking to monitor program activities, increase statewide access to current program data, promote full usage of program funds and provide a base with which to match service documentation for more complete evaluations
- ◆ Mandate consistent referral protocol to enhance strength of evaluation-based statistical analyses
- ◆ Find and incorporate best measures of program outcomes, improved child safety and well being

## SUMMARY AND RECOMMENDATIONS

### ACTIONS TAKEN IN RESPONSE TO PRIOR RECOMMENDATIONS

Following each recommendation from previous evaluation reports is the action taken by Children's Administration in response to the recommendation.

RECOMMENDATION	RESPONSE
Evaluate the intervention model to assure it addresses and/or impacts all identified risks	The Contract Outcomes Initiative (COI) is an effort to: <ul style="list-style-type: none"> <li>▪ create clear, appropriate client outcomes for services delivered through IFPS and FPS</li> <li>▪ identify a reliable and validated assessment tool to determine child/family needs and to measure the impact of services provided</li> <li>▪ identify appropriate strategies, including evidence based practices, that can be used by providers to influence positive change in clients</li> </ul>
Calculate a minimum number of face-to-face hours required to increase desired outcomes	For the FY01 report, analyses showed that an increase in face-to-face hours results in an increase in community connections and that every hour of face-to-face contact was associated with decrease in chance of placement of the child by 1.6%
Possible relationships between total face-to-face contact time and desired outcomes	Further analyses/action pending
IFPS/FPS and reunification efforts	A federally funded study looking at reunification for families who did and did not receive reunification services; parallel state study of re-entry (began July 2003)
Inclusion of the latest child welfare research findings into staff and provider training	IFPS/FPS and Alternative Response System (ARS) conference for staff and providers (June 2004) Ongoing provider training with contracted providers; staff training planned
Monitor timeliness of services and determine impact on outcomes (24/48 hour availability)	No analyses completed; difficult to control for all variables Contracts monitoring process developed
Measure and report possible relationships of specific services to risks	In planning process with COI
Service tracking and communication	Regional coordinators meetings Development of web based gatekeeper log with broadcast e-mail capabilities Entry of provider monthly reports into web based system
Program eligibility and IV-B, Part 2 federal funding guidelines concerning a child's length of stay in placement (<15 months)	No specific new guidelines; contract changes pending

